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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

\overline{A}	For	the	2014 calend	lar year, or tax year beginning , 2014, and er	nding			, 20		
В	Chec	ck ıfa	pplicable	C Name of organization Associated Contractors of New Mexico				Employer identification no.		
Address change Doing business as Name change Number and street (or P O box if m				Doing business as				85-0020740		
				Number and street (or P O box if mail is not delivered to street address)	Room/sui	te	E	Telephone number		
		ıl retu	•	l l	(505)344-2072					
$\overline{}$		al return P O Box 25384 City or town, state or province, country, and ZIP or foreign postal code						1,270,554		
\equiv			return	Albuquerque, NM 87125			١,	G Gross receipts\$		
\equiv			n pending	F Name and address of principal officer J. Michael Beck				Gross receipts w		
_	, .pp	100110	ii parianig	Same as C above	H(a)	ls this a gri subordinat	oup retu	m for Yes X No		
	Tav.	ovem	pt status	501(c)(3)	_					
	_	site:		v.aconm.org	H(c)	If "No Group exe	," attach	a list (see instructions)		
•					925	M State				
	irt l		Summar		<u> </u>	I State	oriegai	donnelle 1411		
				be the organization's mission or most significant activities: The Organization	n's m	issio	n is	to provide its		
	İ		•	with the opportunity to work collectively to develop in				-		
Activities & Governance				to improve the overall work practices of the industry						
nar				networking.	,	PLOVE	<u>uc u</u>	TOTUM TOT		
Ver		2		oox ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of	of its net a	ecete				
ဖိ	- 1			oting members of the governing body (Part VI, line 1a)			3			
ං ජ				ndependent voting members of the governing body (Part VI, line 1a)			4	9		
Ę.							5	5		
							6	3		
Ą				er of volunteers (estimate if necessary)		• • • •		21 410		
				11 1 1 1 1 5 E 000 T 1 04			7a 7b	21,410		
—	-+-	U	Net uniterate	d business taxable income from Form 990-1, line 34			70	0		
		8	Contribution	s and grants (Part VIII, line 1h)	Pri	or Year	,089	Current Year 799, 968		
<u>a</u>				s and grants (Part VIII, line 1h)			,009 ,727			
nua		10 Investment income (Part VIII), column (A), lines 3, 4, and 7d)								
Revenue				ue (Part VIII, column (A), lines 5, 6d, 8c, 9d, 8c, and 11e)			,472			
	- 1	11		1 7 1 1 1 1 1 1			,658			
		12 13		ie - add lines 8 through 11 (must equal Part) (colding (A), line 12)		1,169				
	- !	13 14		similar amounts paid (Part IX, column (A) line 1-3)	1,50		,500			
	- 1 '	14 15		er compensation, employee benefits (Part IX, column 12), thes 5-10)	320 4		116	353 246		
Ses				fundraising fees (Part IX, column (A), line 11e)		328,44		353,246		
Expenses	'			sing expenses (Part IX, column (D), line 25)				<u> </u>		
×	4			77 118 118 118 118 118 118 118 118 118 1	····	670	306	720 400		
	- 1			ranti di Santa di Sa			,306			
	١.			ses Add lines 13-17 (must equal Part IX, column (A), line 25)	_	1,008				
		19	Kevenue ies				<u>,378</u>			
S S		20	Total accete	(Part X, line 16)	Beginning o			End of Year		
Sse				es (Part X, line 26)		1,921	, 415			
Net Assets or	3 2			or fund balances. Subtract line 21 from line 20		1,173				
	irt l			re Block		1,1/3	,403	1,360,303		
	*****			lare that I have examined this return, including accompanying schedules and statements, and to the best of my k	nowledge a	and belief, i	it is			
true,	correc	ct, an	d complete Deci	laration of preparer (other than officer) is based on all information of which preparer has any knowledge						
			` \	1 Michaell				7/24/15		
Sig	ın		Signatur	re of offiger			Date	7/24/15		
He			J	MICHAEL BOCK	AT 1.1	Ecu71	َ عِن	Diezon		
			Type or	print name and title	<u>~ 1 c</u>	<u>-cu/i</u>	<u> </u>	107.00		
				eparer's name Preparer's signature Date		book \square	ıf P	PTIN		
Pai	d		Richard	repairer's right	- 1	heck		P00015673		
Pre		ro-		Neel CPA PA 07-14-2015 ▶ Richard D Neel CPA PA	1	elf-employe	=u	100013013		
	•	rer Inly	Firm's name		Firm's EIN					
US	e U	riiiy	Firm's addres		Phone no		15 <u>-</u> 01	89-4595		
Mari	the	JPC	discuss this	Albuquerque NM 87176 return with the preparer shown above? (see instructions)	L.—			X Yes No		
iviay	นเษ	11110	しょうしいろう はける	Totalii with the brebatel showin above. (see instructions)				57 169 [] 140		

CONTRACTOR AND 2 0 2015

Form 990 (2014) Associated Contractors of New Mexico

85-0020740

Page 2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5	X	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			7.
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X as applicable.	1		
а	g-,	44-	v	
b	complete Schedule D, Part VI	11a	Х	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С		110		
Ī	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
4 5	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	4-		v
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		<u>X</u>
••	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	''		
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>x</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
_				

Part IV

Checklist of Required Schedules (continued)

Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated Χ 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a X controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 38 38

Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	· · ·	• •	_Ц_
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	- 1	Ì	
b	Effect the flumber of Forms VV-20 included in line 1a. Effect 40-11 not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	x	
2-	reportable gaming (gambling) winnings to prize winners?	1c	$\stackrel{\wedge}{\longrightarrow}$	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return]		
h	Statements, filed for the calendar year ending with or within the year covered by this return	2b	х	
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	x	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	-		
- u	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		1	
	account)?	4a		Х
ь	If "Yes," enter the name of the foreign country:			
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	ļ		
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		\overline{X}
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	٥-		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Initiation fees and capital contributions included on Part VIII, line 12			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
•	against amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	- "	7	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

Section A. Governing Body and Management

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

7.7
IVI
-100

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.		1	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			٠,,
_	any other officer, director, trustee, or key employee?	_2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	<u>3</u>		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		-	
, a	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	Ì
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		-37
13	Did the organization have a written whistleblower policy?	13	-	X
14	Did the organization have a written document retention and destruction policy?	14		<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	.55		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		х
þ	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Don request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	J. Michael Beck (505)344-2072, P O Box 25384, Albuquerque, NM 87125			

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Associated Contractors of New Mexico

85-0020740

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order. individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

CHECK this box if ficialize the organization flor any related					(C)	,		,,		
(A) Name and Title	(B) Average hours per week (list any hours for	box	, unie:	Po: eck m ss pe d a di	sition nore t	han one is both a r/trustee	n)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Dawn Brazell Member-non voting	1.00	x						0	0	0
(2) Ken Wylie	1.00									
Member		Х						o	o	0
(3) James Fields	1.00									
Member		Х						О	0	0
(4) Rusty Gordon Member	1.00	Х						0	0	0
(5) Joey Perovich Member	1.00	Х						0	0	0
(6) Kevin Swaving Member	1.00	Х						0	0	0
(7) Adam Triolo	3.00									
Board President		X		Х				o	0	0
(8) Michael Moehn	2.00									
Board Vice President		X		X				0	0	0
(9) Vince DeMenno Board Treasurer	2.00	x		Х				0	0	0
(10)David Otoski	1.00									·
Past President		Х		Х				o,	0	0
(11)J. Michael Beck	50.00									
Executive Director				X	X			113,674	0	39,785
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, a	ınd İ	High	est	Comp	ens	ated Employees ((continued)			
	(A) Name and title	(B) Average hours per week (list any hours for	(do not check more the box, unless person is to officer and a director/to k (list any				both an	Former	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	icer	/ employee	Highest compensated employee	mer	organization (W-2/1099-MISC)	(W-2/1099-MISC)	- } -	from th organizat and relat rganizati	tion ted
<u>(15)</u>											 		
<u>(</u> 1 <u>6</u>)					_								
<u>(17)</u>											-	•	
<u>(18)</u>													
<u>(19)</u>										1	-		
(20)_			-										
<u>(21)</u>					 						-		
(22)_													
<u>(23)</u>			i										
(24)													
(25)_													
1b c	Sub-total	on A						•	112 674	0	-	20	705
2	Total (add lines 1b and 1c)								113,674 than \$100,000 of			39,	785
	reportable compensation from the organization									1		Yes	No
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		•						pensated		3		Х
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than	ortable comp	ensat	ion a	and o	othe	comp	ens	ation from the				
5	individual										4	X	-
_	for services rendered to the organization? If "Yes," on B. Independent Contractors			-			-		· · · · · · · · · · · · · · · · · · ·	· · · · · · · ·	5		X
1	Complete this table for your five highest compensation from the organization. Report compensation.												
	(A) Name and business address	-	_		_				(B) Description of		Cor	(C)	ion
				_					2337pron di				
											_		
			_								-		
2	Total number of independent contractors (including received more than \$100,000 of compensation from				liste	d ab	ove) w	/ho					

Form 990 (2014)

Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in th	nis Part VIII	<u></u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a		1				
Contributions, Gifts, Grants and Other Similar Amounts	b		674,886				
s, C Am	C	Fundraising events	:]	ì		
Gift Iar	d	Transfer or garing account of the contract of	1	7			
is, (6	Government grants (contributions) 16]	i		
er S	f	All other contributions, gifts, grants,] [
ğ		and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f: \$					
_	h	Total. Add lines 1a-1f	<u></u> . ▶	799,968			
			Business Code				
enc		TTCP training	611600	218,900	218,900		
Rev	1	Traffic control trainin	611600	87,466	87,466		
VICE	C	Other training	611600	121,036	121,036		
Ser	d						
Program Service Revenue	е						
Pro		All other program service revenue					
	g	Total. Add lines 2a-2f		427,402			
	3	Investment income (including dividends, interest	•				
		and other similar amounts)		1,744			1,744
	4	Income from investment of tax-exempt bond produced					-
	5	Royalties	<u></u> ▶				<u> </u>
		(ı) Real	(II) Personal				
		Gross rents	0			-	
		Less: rental expenses				-	
		Rental income or (loss) 23,70					
	d	Net rental income or (loss)	<u></u> ▶	23,700	9,840	13,860	
	7a	Gross amount from sales of (i) Secunties	(ii) Other				
		assets other than inventory					
	ь	Less: cost or other basis and sales expenses	,				
		Gain or (loss)					
	d	Net gain or (loss)			}	1	
nue	8a	Gross income from fundraising					
		events (not including \$					
Other Rev	•	of contributions reported on line 1c).			İ		
He		See Part IV, line 18 a					
ŏ	b	Less: direct expenses \dots b		1			
	С	Net income or (loss) from fundraising events .	<u>.</u>			j	
		Gross income from gaming activities.			····		
		See Part IV, line 19 a					
	b	Less: direct expenses b					
	С	Net income or (loss) from gaming activities	>			ĺ	
	10a	Gross sales of inventory, less returns and allowances a					
		Less: cost of goods sold b					
		Net income or (loss) from sales of inventory		1		Ì	
		Miscellaneous Revenue	Business Code				
	11a	Miscellaneous reimburse	900099	10,190	10,190	1	
ŀ		Directory advertising	511140	7,550		7,550	
	С					7,330	
	d	All other revenue					
		Total. Add lines 11a-11d		17,740			
	12	Total revenue. See instructions		1,270,554	447,432	21.410	1.744

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, Total expenses Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 113,674 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 150,355 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 68,949 9 10 20,268 Fees for services (non-employees): 11 5,350 **b** Legal............ 4,173 39,055 Professional fundraising services. See Part IV, line 17 . Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . 9,402 12 13,022 13,269 13 14 15 77,893 16 8,712 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 18,618 19 20 41,710 21 22 Depreciation, depletion, and amortization 34,011 23 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a Automobile 24,000 Bad debts 1,021 Dues, subscriptions 9,866 Entertainment, meals 5,067 425,239 e All other expenses 0 0 Total functional expenses. Add lines 1 through 24e 1,083,654 0 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)

Form 990 (2014) Associated Contractors of New Mexico 85-0020740 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 1 Cash - non-interest-bearing 43,806 1 82,812 2 420,676 2 435,592 3 3 4 4 358,706 283,382 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 8 Prepaid expenses and deferred charges 9 1,872 9 2,132 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,610,811 Less. accumulated depreciation 10b 10c 465,218 1,172,082 1,145,593 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 15 16 1,921,818 16 2,024,835 17 16,112 17 6,993 18 18 19 107,730 19 181,365 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 iabilities Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 476,174 624,573 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 Total liabilities. Add lines 17 through 25 26 748,415 664,532 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 1,173,403 1,360,303 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here | and complete lines 30 through 34.

30

31

32

33

34

1,360,303

2,024,835

1,173,403

1,921,818

Retained earnings, endowment, accumulated income, or other funds

Paid-in or capital surplus, or land, building, or equipment fund

30

31

32

33

34

EEA

Form	aan	(201	4١
-01111	990	IZUI	41

Form	990 (2014) Associated Contractors of New Mexico	85-00	20740	ı	Pa	age 12
Pa	rt XI Reconciliation of Net Assets			_		
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1		1,2	70,	554
2	Total expenses (must equal Part IX, column (A), line 25)	. 2			83,6	
3	Revenue less expenses. Subtract line 2 from line 1	. 3			86,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4			73,4	
5	Net unrealized gains (losses) on investments	. 5				
6	Donated services and use of facilities		_	_		
7	Investment expenses					
8	Prior period adjustments	. 8				
9	Other changes in net assets or fund balances (explain in Schedule O)					0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	. 10		1,3	60,3	303
Pa	rt XII Financial Statements and Reporting			·		
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗆
				T	Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		Γ			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				•	
	reviewed on a separate basis, consolidated basis, or both			ŀ		
b	Were the organization's financial statements audited by an independent accountant?			2b	ļ	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			•	· · · ·	
	separate basis, consolidated basis, or both:			1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight					
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	Ì	x
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				Ì	
	the Single Audit Act and OMB Circular A-133?			3a	l	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		`` 			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	. .		3b		
554			بلنت			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ▶ Information about Sch. C (Form 990 or 990-EZ) and its inst. is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations. Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

► Complete if the organization is described below.

• Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	Section 501(c)(4), (5), or (6) organizations	:: Complete Part III.			
Nam	e of organization			Employ	er identification number
As	sociated Contractors of Ne				020740
Pa	rt I-A Complete if the organ	nization is exempt under secti	on 501(c) or i	s a section 527 or	rganization.
1	Provide a description of the organization				
2	Political expenditures			▶ \$ __	
3	Volunteer hours	• • • • • • • • • • • • • • • • • • • •		· · · · · · · · · .	
Pa	rt I-B Complete if the organ	nization is exempt under secti	on 501(c)(3).		
1	Enter the amount of any excise tax incur	red by the organization under section 495	55	▶ \$	
2	Enter the amount of any excise tax incur	red by organization managers under sect	ion 4955	▶ \$ ⁻	
3	If the organization incurred a section 495				
4a	Was a correction made?	-			🗌 Yes 🔲 No
b	If "Yes," describe in Part IV				
Pa	rt I-C Complete if the organ	nization is exempt under secti	on 501(c), exc	cept section 501(c)(3).
1	Enter the amount directly expended by the				
	activities			▶ \$	
2	Enter the amount of the filing organization	•			
	527 exempt function activities			▶ \$	
3	Total exempt function expenditures Add				
	line 17b				
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employ				_
	organization made payments. For each of	=			
	the amount of political contributions recei	ved that were promptly and directly deliv-	ered to a separate	political organization, si	uch
	as a separate segregated fund or a politic	cal action committee (PAC). If additional	space is needed, p	provide information in Pa	ırt iV.
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	contributions received and
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

	dule C (Form 990 or 990-EZ) 2014 ASSOCIATED C			 	85-0020	
Pa	complete if the organization section 501(h)).	on is exempt ur	nder section 50	1(c)(3) and filed	d Form 5768 (ele	ction under
	Check if the filing organization belongs to	an affiliated group /	and list in Part IV as	sh affiliated group me	mhor's	
•	name, address, EIN, expenses, a				amper a	
	Check ► ☐ if the filing organization checked b			<u>y.</u>		
		bying Expenditures			(a) Filing organization's totals	(b) Affiliated group totals
	(The term "expenditures" r	<u>_</u>			Organization 5 totals	
1a	Total lobbying expenditures to influence public o					
b		= :	:			
۲ C	Total lobbying expenditures (add lines 1a and 1b					
d	outer enempt purpose enperiores of the training		• • • • • • • • • •			 -
6	Total exempt purpose expenditures (add lines 10					
f	Lobbying nontaxable amount. Enter the amount	from the following tai	ble in both			
,	columns.	<u> </u>				
	If the amount on line 1e, column (a) or (b) is:		nontaxable amount	is:		
	Not over \$500,000		ount on line 1e.		:	
ļ	Over \$500,000 but not over \$1,000,000		15% of the excess o			
	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000.		
	Over \$17,000,000	\$1,000,000.				
g	-	•	• • • • • • • • • • •			
h	Subtract line 1g from line 1a. If zero or less, ente	r-0	• • • • • • • • • •			
i	Subtract line 1f from line 1c. If zero or less, enter					
j	If there is an amount other than zero on either lin	e 1h or line 1i, did th	ne organization file Fo	orm 4720		
	reporting section 4911 tax for this year?	· · · · · · · · · · · · · · · · · · ·		 		Yes No
		ection 501(h) ele the separate in	structions for lir	ve to complete a nes 2a through 2		nns below.
	Lobb	ying Expenditures	During 4-Year Aver	aging Period		
	Calendar year (or fiscal year	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) Total
	beginning in)					
 2a	Lobbying nontaxable amount					
b	Lobbying ceiling amount (150% of line 2a, column (e))					
С	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Schedule C (Form 990 or 990-EZ) 2014

f Grassroots lobbying expenditures

EEA

Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has NOT (election under section 501(h)).	filed	Form	5768
For	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)
	cription of the lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local			
	legislation, including any attempt to influence public opinion on a legislative matter or			
	referendum, through the use of:			
а	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	<u></u>		
С	Media advertisements?			· · · · · · · · · · · · · · · · · · ·
d	Mailings to members, legislators, or the public?	-		
6	Publications, or published or broadcast statements?	-		
T	Grants to other organizations for lobbying purposes?		-	
g L	Direct contact with legislators, their staffs, government officials, or a legislative body?	-		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
;	Total. Add lines 1c through 1i	-		
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5).	or se	ection
تتسقيا	501(c)(6).	-/(-/,		
				Yes No
1	Were substantially all (90% or more) dues received nondeductible by members?			1 X
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2 X
3_	Did the organization agree to carry over lobbying and political expenditures from the prior year?		<u></u>	3 X
Pa	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," (answered "Yes."			
1	Dues, assessments and similar amounts from members		1	674,887
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of			
	political expenses for which the section 527(f) tax was paid).			
а	Current year		2a	62,059
b	Carryover from last year		2b	
С	Total	• •	2c_	62,059
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	• •	3	78,030
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the			
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying			
_	and political expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)	••-	5	(15,971)
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, I se instructions); and Part II-B, line 1. Also, complete this part for any additional information	nes 1 a	and	

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization	Employer identification number
As <u>s</u>	sociated Contractors of New Mexico	85-0020740
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	its.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	
Pa	till Conservation Easements.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Complete if the organization answered "Yes" to Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•	Preservation of land for public use (e.g., recreation or education) Preservation of a historically in	mportant land area
	Protection of natural habitat Preservation of a certified hist	
	Preservation of open space	one sudetare
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation	priotion
2	· · · · · · · · · · · · · · · · · · ·	Held at the End of the Tax Year
_	easement on the last day of the tax year. Total number of conservation easements	2a
a L	<u> </u>	
b	· · · · · · · · · · · · · · · · · · ·	26
C	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization conservation easements modified, transferred, released, extinguished, or terminated by the organization conservation easements modified, transferred, released, extinguished, or terminated by the organization conservation easements modified, transferred, released, extinguished, or terminated by the organization conservation easements modified, transferred, released, extinguished, or terminated by the organization conservation easements and the organization conservation easements are conservation easements.	ation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	∏Yes ∏No
_	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the y	ear ear
_	According to the second by the second	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year	
	D	•••
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(
_	and section 170(h)(4)(B)(ii)?	- -
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense stateme	•
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that d	escribes the
De	organization's accounting for conservation easements. † III Organizations Maintaining Collections of Art, Historical Treasures, or Oth	or Similar Assats
T II		er Sillitat Assets.
<u> </u>	Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	halama abast
1a		
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and bala	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furth	nerance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pro-	ovide the
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.	
а	Revenue included in Form 990, Part VIII, line 1	▶\$
h	Assets included in Form 990, Part X	▶ \$

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land		186,815		186,815
b	Buildings		1,288,565	362,512	926,053
c	Leasehold improvements				
d	Equipment		113,473	92,834	20,639
е	Other		21,958	9,872	12,086
 Гota	I. Add lines 1a through 1e (Column (d) must equal For	n 990, Part X, column (f	3), line 10c)		1,145,593

	Complete if the organization answer	700 103 to 10111 330, 1 att	IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial d	erivatives		
(2) Closely-hel	ld equity interests		
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(F)</u>			
_(G)		-	
_(H)			
Part VIII	Investments - Program Related.	ered "Yes" to Form 990 Part	IV, line 11c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9)	Service of Service (Service 40)		
Part IX	must equal Form 990, Part X, col (B) line 13) Other Assets.		
I dit ix		ered "Yes" to Form 990. Part	IV, line 11d. See Form 990, Part X, line 15.
		a) Description	(b) Book value
(1)		·	
(2)			
(3)			
(4)			
(5)			
(6)			
10/			
(7)			
(7) (8)			
(7) (8) (9)			
(7) (8) (9) Total. (Column	n (b) must equal Form 990, Part X, col. (B) line	15.)	
(7) (8) (9)	Other Liabilities.		
(7) (8) (9) Total. (Column	Other Liabilities.		
(7) (8) (9) Total. (Column Part X	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability		
(7) (8) (9) Total. (Column Part X 1. (1) Federal i	Other Liabilities. Complete if the organization answelline 25.	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answelline 25. (a) Description of hability	ered "Yes" to Form 990, Part	
(7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answelline 25. (a) Description of liability ncome taxes	ered "Yes" to Form 990, Part	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Associated Contractors of New Mexico Employer identification number

85-0020740

Pa	rt I Questions Regarding Compensation				
				Yes	No
1a	Check the appropriate box(es) if the organization provided any of the fo	ollowing to or for a person listed in Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant	-			
		Housing allowance or residence for personal use		į	
		Payments for business use of personal residence	- {		
	<u>_</u>	Health or social club dues or initiation fees			
		Personal services (e.g., maid, chauffeur, chef)			
		r disorial services (e.g., maid, criadical, crief)			
h	If any of the haves on line 15 are shocked, did the organization follows	written nelleu regerding neument			
b	If any of the boxes on line 1a are checked, did the organization follow a		- 1		
	or reimbursement or provision of all of the expenses described above?	-			
_	explain		b		
2	Did the organization require substantiation prior to reimbursing or allow	• •			
	directors, trustees, and officers, including the CEO/Executive Director,		_		
	1a?		2		
3	Indicate which, if any, of the following the filing organization used to est	·			
	organization's CEO/Executive Director. Check all that apply. Do not che	-			
	related organization to establish compensation of the CEO/Executive D	Pirector, but explain in Part III.		,	
	☐ Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
			- {	i	
4	During the year, did any person listed in Form 990, Part VII, Section A,	line 1a, with respect to the filing			
	organization or a related organization:				
а	Receive a severance payment or change-of-control payment?		la		X
b	Participate in, or receive payment from, a supplemental nonqualified ref	tirement plan?	b		X
С	Participate in, or receive payment from, an equity-based compensation	arrangement?	С		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable	amounts for each item in Part III			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations mus	et complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	- ·			
	compensation contingent on the revenues of:	, , , , , , , , , , , , , , , , , , , ,			
а	The organization?		a		
b		<u></u>	ib		
_	If "Yes" to line 5a or 5b, describe in Part III.		-		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	anization hav or accrue any			
•	compensation contingent on the net earnings of.	anization pay of accide any		1	
а			.	1	
	Any related organization?	├ ──	ia ib	-	
Ŋ	· ·	· · · · · · · · · · · · · · · · · · ·	עי		
7	If "Yes" to line 6a or 6b, describe in Part III.	any attor provide any per fixed	Ì	ł	
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the orga	-	_		
_	payments not described in lines 5 and 6? If "Yes," describe in Part III		7		
8	Were any amounts reported in Form 990, Part VII, paid or accrued purs	· · · · · · · · · · · · · · · · · · ·			
	to the initial contract exception described in Regulations section 53.495				
	ın Part III		В		
9	If "Yes" to line 8, did the organization also follow the rebuttable presump	i	-		
	Regulations section 53.4958-6(c)?		9		

Schedule J (Form 990) 2014

Associated Contractors of New Mexico

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

	!						- (-)	
	(B) Breakdo	own of M	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(ı) Base compensation		(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(B)(ı)(D)	in column (B) reported as deferred in pnor Form 990
J. Michael Beck	(1)	113,674	0	0	0	39,785	153,459	108,871
1 Executive Director	(ii)	0	0	0	0	0	0	0
i	(0)							
2	(E)							
	(ı)							
e	(ii)							
	()				į			
4	(ii)							
	(i)							
រេ	(II)							
	(1)							
9	(11)							
	()							
7	(II)							
	(i)				i			
8	(ii)							
	(i)							
6	(ii)							
	()							
10	(ii)							
	(1)							
11	(ii)							
	8							
12	(E)							
	(E)							
13	(ii)	-						
	(1)							
14	(ii)							
	(E)	1						
15	(ii)							
	€							
16	(ii)							
EEA								Schedule J (Form 990) 2014

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990

Open to Public Inspection Employer identification number

Associated Contractors of New Mexico 85-0020740 01. Form 990 governing body review (Part VI, line 11) The 990 is reviewd by the Executive Director and designated board members prior to filing. 02. CEO, executive director, top management comp (Part VI, line 15a) The Board reviews and must approve any change in compensation to the Executive director or any other key employee. 03. Other officer or key employee compensation (Part VI, line 15b The Board reviews and must approve any changes to compensation for other employees. 04. Governing documents, etc, available to public (Part VI, line 19) Governing documents are made available to the public upon request at the Organization's offices. 05. List of other expenses (Part IX, line 24e) See attached schedule.

PEN Sesociated Contractors of New Mexico Sesociated	990	Overflow Statement		2014 Page 1
Officer nontaxable benefits Amount				FEIN
Amount Samount Samou	Associated Contracto	ors of New Mexico		85-0020740
Sealth insurance \$ 22,102		Officer nontaxable benef	<u> Eits</u>	
Search S	Description			Amount
Total 16,200 750			······································	
Member dues 750	Dental insurance			
Member dues \$ 39,785 Member dues Amount Member dues \$ 491,021 183,865 70tal: \$ 674,886 Other Revenue Description Amount \$ 125,082 Description Amount \$ 9,278 Computer consultant \$ 9,278 124 Occupancy expenses Total: \$ 9,402 Description Amount \$ 77,893	Auto allowance			
Member dues Description Amount Member dues \$ 491,021 183,865 Total: \$ 674,886 Other Revenue Description Amount Member events \$ 125,082 Description Amount Computer consultant \$ 9,278 Other Total: \$ 9,402 Description Total: \$ 9,402 Occupancy expenses Amount Description Amount Total building expenses \$ 77,893	Life insurance			
Amount A			Total:	\$ 39,785
Member assessments		Member dues		
Member assessments	Description			Amount
### Other Revenue Other Revenue	Member assessments			
Other Revenue Description Amount Member events \$ 125,082 Total: \$ 125,082 Description Amount Computer consultant \$ 9,278 Other Total: \$ 9,402 Occupancy expenses Amount Description Amount Total building expenses \$ 77,893	Member dues			
Description Amount Member events \$ 125,082 Description Amount Computer consultant \$ 9,278 Other 124 Total: \$ 9,402 Occupancy expenses Amount Total building expenses \$ 77,893			Total:	\$ 674,886
Member events		Other Revenue		
Member events	Description			Amount
Description Computer consultant Other Occupancy expenses Description Occupancy expenses Description Amount Amount Fotal building expenses 77,893	Member events			-
Samputer consultant Samputer consultant Samputer consultant Samputer consultant 124			Total:	
Occupancy expenses Description Fotal building expenses Amount \$ 77,893	Description Computer consultant Other			\$ 9,278 124
Description Amount Total building expenses \$ 77,893			Total:	\$ 9,402
Fotal building expenses \$ 77,893		Occupancy expenses		
Fotal building expenses \$ 77,893	Description			Amount
Total: <u>\$ 77,893</u>	Total building exper	nses		\$ 77,893
			Total:	\$ 77,893

990	Overflow Statement	2014 Page 2
Name(s) as shown on return		FEIN
Associated	Contractors of New Mexico	85-0020740

Other expenses

Description	Amount
Equipment lease expense	\$ 11,465
Events costs	 115,845
Membership directory	 4,905
Taxes, fees, penalties	 239
Telecommunications	 8,147
Training, lab certification	 89,927
Training, other	128,801
Transportation survey program	5,000
Other expenses	20,708
Industry contributions	11,023
Legislative expenses	20,752
Scholarships	8,427
Total:	\$ 425,239

Current year lobbying expenses

Description	 Amount
Current year expenses for the Organization	\$ 59,807
Pass through expenses in National Organization dues	 2,252
Total:	\$ 62,059